

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA

FILED
ASHEVILLE, NC

JUL 24 2013

U.S. DISTRICT COURT
WESTERN DISTRICT OF NC

Thomas Marshall Redding
PLAINTIFF,

vs.

COMPLAINT
(42 U.S.C. §1983, §1985)

Shawn Harrison, Esq.
Shawn Harrison Associates, PLLC
1010 North Florida Avenue
Tampa, FL 33602
DEFENDANT(S).

CASE NO. 1:13cv208

A. JURISDICTION

Jurisdiction is proper in this court according to:

- a. X 42 U.S.C. §1983
b. _____ 42 U.S.C. §1985
c. 4 Other (Please Specify) refused To give me VA records

B. PARTIES

1. Name of Plaintiff:
Address:

Thomas Marshall Redding
100 Cherrio Lane - C-82
Asheville, NC 28803

2. Name of Defendant:
Address:

Shawn Harrison, Esq.
1010 North Florida Avenue
Tampa, Florida 33602

Is Employed as DWNER at Shawn Harrison Associates
(Position/Title, if any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ____ **NO** X . If your answer is "YES" briefly explain.

3. Name of Defendant:

Address:

Is Employed as _____ **at** _____
(Position/Title, if any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ____ **NO** X . If your answer is "YES" briefly explain.

4. Name of Defendant:

Address:

Is Employed as _____ **at** _____
(Position/Title, if any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ____ **NO** X . If your answer is "YES" briefly explain.

(Use additional sheets if necessary.)

C. NATURE OF CASE

Why are you bringing this case to court? Please explain the circumstances that led to the problem.

Shawn Harrison Attorney from Tampa FL refused to Turn over Court records (VA medical records) to show that I was under VA Care. He also claims that he does not have the court records.

D. CAUSE OF ACTION

I allege that my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary you may attach additional pages)

a. (1) Count I: refused To Turn over VA records IN Court Case

(2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing any legal authority. Use additional sheets if necessary.)

b. (1) Count II: _____

(2) Supporting Facts:

E. INJURY

How have you been injured by the actions of the defendant(s)?

yes Cost me a Judgement against me.

F. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

Have you filed other lawsuits in state or federal court that deal with the same facts that are involved in this action? YES ___ NO X

If your answer is "YES", describe each lawsuit. (If there are more than one lawsuits, describe additional lawsuits on additional separate pages, using the same outline.)

1. Parties to previous lawsuits:

Plaintiff(s): _____

Defendant(s): _____

2. Name of court and case or docket number:

3. Disposition (for example, was the case dismissed? Was it appealed? Is it still pending?)

4. Issues raised:

5. When did you file the lawsuit? _____

Date: Month/Year

6. When was it (will it be) decided? _____

Have you previously sought informal or form relief from the appropriate administrative officials regarding the acts complained of in Part D?

YES ___ NO ___

If your answer is "YES" briefly describe how relief was sought and the results. If your answer is "NO" explain why administrative relief was

not sought.

G. REQUEST FOR RELIEF

I believe I am entitled to the following relief:

To have all VA medical records given to me

JURY TRIAL REQUESTED

YES _____ NO X

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained therein is true and correct. 28 U.S.C. §1746; 18 U.S.C. §1621.

Executed at Asheville on 24 July 2013.
(Location) (Date)

Thomas Marshall Redding
Signature